

FACSIMILE COVER SHEET

RECEIVED
CENTRAL FAX CENTER

APR 25 2008

The Law Offices of
STRAUB & POKOTYLO

788 Shrewsbury Ave.
Tinton Falls, NJ 07724

Telephone: 732-936-1400
Facsimile: 732-936-1401
Internet site: www.sp-ip.com

To: U.S. Patent and Trademark Office

Facsimile No.: (571) 273-8300

From: John C. Pokotylo, Esq.

Date: April 25, 2008

Number of Pages Including Cover: 9

MESSAGE: FORMAL SUBMISSION OF:

- 1) Transmittal (1 pg.);
- 2) Fee Transmittal (1 pg.) (in duplicate);
- 3) A copy of Notification of Missing Requirements Under 35 U.S.C. §371 (2 pgs.); and
- 4) An Executed Declaration and Power of Attorney form (3 pgs.).

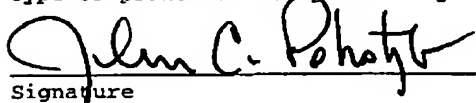
Attorney Docket No.: Wuesthoff-10 (9A-99 194)
Appl. No.: 10/588,175
Applicants: Michael MROCHEN, et al.
Filed: August 2, 2006
Title: OPHTHEAMOLOGICAL DEVICE
TC/A.U.:
Examiner: Terry M. Johnson Vessels

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (and any accompanying paper(s)) is being facsimile transmitted to the United States Patents and Trademark Office on the date shown below.

John C. Pokotylo

Type or print name of person signing certification


Signature


April 25, 2008
Date

P. 3 cut-off

RECEIVED
CENTRAL FAX CENTER

002/009

APR 25 2008

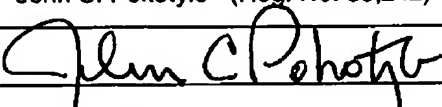
Please type a plus sign (+) inside this box --> Modified PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031

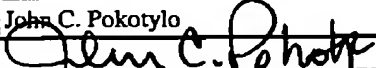
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/588,175
	Filing Date	August 2, 2006
	First Named Inventor	Michael MROCHEN
	Group Art Unit	Not yet assigned
	Examiner Name	Terry M. Johnson Vessels
Total Number of Pages in This Submission		Attorney Docket Number Wuesthoff-10 (9A-99 194)

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Postcard Receipt <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> - Executed Declaration and Power of Attorney
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John C. Pokotylo (Reg. No. 36,242)
Signature	
Date	April 25, 2008

CERTIFICATE OF FACSIMILE	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patents and Trademark Office on this date: April 25, 2008	
Typed or printed name	John C. Pokotylo
Signature	
Date	April 25, 2008

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Modified PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2007***Effective 09/30/2007. Patent fees are subject to annual revision.*☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 0.00)

Complete If Known

Application Number	10/588,175
Filing Date	August 2, 2006
First Named Inventor	Michael MROCHEN
Examiner Name	Terry M. Johnson Vessels
Art Unit	Not yet assigned
Fee Schedule	USPTO Fee 10 (04 00 104)

Best Available Copy